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PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 Application of Docket Number 290397.0007												ŀ	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			29				Γ	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		В	SASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			29 minus 20=		• 9			X\$ 9= <u>/</u>	\$81.09	OR	X\$18=		
INDEPENDENT CLAIMS			3 minus 3 =		0			X40=		OR	X80=		
MU	LTIPLE DEPEN	DENT CLAIM PE	RESENT					+135=		OR	+270=		
* If	the difference	in column 1 is	less than zero, enter "0" in column 2			olumn 2	L	TOTAL		OR	TOTAL	-	
CLAIMS AS AMENDED - PART II										ı	OTHER		
		(Column 1)		(Colui		(Column 3)	. –	SMALL E		OR	SMALL		
AMENDMENT A		REMAINING AFTER AMENDMENT	,	NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X40=		OR	X80=	s e TE	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J	+135=		OR	+270=		
							L	TOTAL			TOTAL		
	(Column 1) (Column 2) (Col					(Column 3)		DDIT. FEE		JOH.	ADDIT. FEE		
6	•	CLAIMS		- HIGH	IEST		l r		ADDI-			ĀDDI-	
NDMENT B		REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY - FOR	PRESENT - EXTRA		RATE	TIONAL FEE	\$ ***E	RATE	TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AMEN	Independent	*	Minus	***		= .] [X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┙┞	105		1	.070		
								+135=		OR	+270= TOTAL		
								DDIT. FEE		OR	ADDIT. FEE		
	(Column 1) (Column 1) (Column 1) (Column 1)					(Column 3)	۱ ـ					•	
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	* .	Minus	***		=	┧┞	X40=		OR	X80=		
ľ	FIRST PRESE	NTATION OF M	ULTIPLE DE	PEŅDEN	T CLAIM		┛┞	·		1			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+135= TOTAL		OR	+270=		
••	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20. ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	TOTAL ADDIT. FEE		
		nber Previously Pa					er four	nd in the ap	propriate bo	x in co	olumn 1.		